



MINORITY BUSINESS UTILIZATION REPORT

Submit With Each Invoice

CONTRACT #:	PROJECT LOCATION:	DATE FORM SUBMITTED:
PROJECT NAME:	PROJECT COMPLETION DATE:	
PRIME CONTRACTOR:	WORK PERIOD ENDING:	
CONTACT PERSON:	TELEPHONE #: ()	FAX#: ()

SUBCONTRACTING INFORMATION

TO BE SUBMITTED WITH PAYMENT REQUEST

Subcontractor	Address	Description of Work	Sub-Contract Amount (Agreed to Price)	Amount Paid This Period	Amount Paid To Date	Actual Start Date	Scheduled End Date	Gender		Race Ethnicity				
								M	F	A	B	W*	H	N

I certify that the above information is true to the best of my knowledge:

* Use "W" Category for White Females Only.

Signature	Title	Date
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*** DOCUMENT MUST BE PROVIDED TO DISTRICT'S OFFICE OF SUPPLIER DIVERSITY & OUTREACH ***